



Privacy Release

Member of Congress: ADAM B. SCHIFF

Staff Member (print): Elizabeth Vuna Sierra deSousa

Phone: (818) 450-2900 Email: Elizabeth.Vuna@mail.house.gov Sierra.deSousa@mail.house.gov

Petitioner/Applicant:

Dr. ____ Ms. ____ Mrs. ____ Mr. ____ Miss ____

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Home Address: _____

Phone: _____ Email: _____

Beneficiary:

Dr. ____ Ms. ____ Mrs. ____ Mr. ____ Miss ____

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Home Address: _____

Phone: _____ Email: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____ Place of filing: _____

Form type(s) – check all that apply:

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690

☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)

☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: _____

Brief description of the issue (if you need more space, attach a separate sheet):

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Congressman Adam B. Schiff and his staff.

I understand that I am not required to may payment in any form for services provided by the Office of Congressman Adam B. Schiff.

Petitioner Signature (sign in ink): _____

Date: _____

Beneficiary Signature (sign in ink): _____

Date: _____